



## American Board for Transplant Certification

The CertPath application is only available for candidates whose organization is registered with the CertPath program.

### My Credentials

Type to search

SHOW ACTIVE ONLY SHOW ALL

more CEPTCs for review by ABTC.

**Single Offering Application [ Current Phase: Application ]**

Name (Short): SP Number: TBD

Status: In Process Expiration Date: TBD

SINGLE OFFERING: A continuing education offering dealing with specific content presented once. This form is to be submitted fo...

[Show more](#)

**CertPath Exam Application [ Current Phase: Application ]**

4 Steps: ○ ○ ○ ○

Name (Short): ExamApp Number: TBD

Status: In Process Expiration Date: TBD

**Exam Application [ Current Phase: Application ]**

Name (Short): ExamApp Number: TBD

Status: In Process Expiration Date: TBD

**Retake Exam Application [ Current Phase: Application ]**

Name (Short): ExamApp Number: TBD

Status: In Process Expiration Date: TBD

### CertPath Exam Application [ Current Phase: Application ]

4 Steps: ○ ○ ○ ○

Progress: Incomplete File uploaded: 0

Complete this application to sit for an exam for the following certifications:

- Certified Clinical Transplant Coordinator
- Certified Procurement Transplant Coordinator
- Certified Transplant Preservationist
- Certified Clinical Transplant Nurse
- Certified Transplant Financial Coordinators

To complete this application, you will need to retrieve a form located on the [ABTC website](#). Your current employer will need to complete and sign. You will then upload the document in the application where it is indicated. Please be prepared to provide your supervisor's work email address.

[Less info](#)

#### Steps

	<b>Personal Information</b>	Dynamic form	Incomplete	Due: 09/08/2024
	<b>Demographics</b>	Dynamic form	Incomplete	Due: 09/08/2024
	<b>Applicant Signature</b>	Dynamic form	Incomplete	Due: 09/08/2024




Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)

**First, click on the Personal Information section and hit “Complete Now” when ready to complete the application.**

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)



# Personal Information

 Incomplete  Dynamic form  09/08/2024

**Prefix**

**Last Name \***

**Middle Initial**

**First Name \***

**Suffix**

**If you selected, "Other" for Suffix, enter information.**

**Date of Birth \***

**Home Address Line 1 \***

**Home Address Line 2**

**Home City \***

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)

**Home State \***

**Home Zip code \***

**Home Phone**

**Mobile Phone Number**

**Primary Email \***

**Business Phone Number**

**Which race/ethnicity best describes you? \***

- Asian, Native Hawaiian, or Pacific Islander
- Black, African, or African American
- Caucasian or White
- Hispanic or Latino/a/x
- Multi-Ethnic or Multi-Racial
- Native American or other Indigenous People
- Prefer not to answer
- Prefer to self-describe

**Exam Application Information**

**I am applying for: \***

**If you previously have taken the exam, indicate the date you took the exam. For exam accommodations provide a completed Special Accommodation form and a signed letter from your medical provider.**

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)

### Previous Exam Information

**I have previously taken the CCTC, CPTC, CTP, CCTN or TFCFA examination. \***

- No  
 Yes


**CCTC Date**


**CPTC Date**

**CTP Date**

**CCTN Date**

**TFCFA**

### Accommodations

**The ABTC is committed to ensuring access to the ABTC exam for all qualified individuals with disabilities and supports the intention of the Americans with Disabilities Act as Amended (ADAAA). Please upload the Special Accommodations form located on the ABTC website and documentation from a licensed professional indicating the accommodations you require. \***

- No  
 Yes

**Upload special accommodations documentation.**

The demographics section is to provide education, license (CCTN exam), and employment information.



## Demographics



Incomplete



Dynamic form



09/08/2024

[Link](#) to the attestation form to be completed by your **current** employer.

### Highest Level of Education

**Highest level of education (select one) \***

Bachelor`s degree

**If you selected "Other" for Highest Level of Education, enter additional information.**

### Primary Place of Employment

**Primary place of employment (select one) \***

hospital based OPO

**If you selected "Other" for Primary Place of Employment, enter additional information.**

### Professional License or Registration

**Professional license or registration (select one) \***

RN

**If you selected "Other" for Professional license or registration, enter additional information.**

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)

**If applying for the CCTN credential, please upload a copy of your current RN license.**



Drop files to attach, or [Browse](#)

**If applying for the TFCA exam, please upload confirmation of current membership.**



Drop files to attach, or [Browse](#)

### Job Duties

**Job Duties (check all that apply) \***

*Please select*

**If you selected "Other" for Job Duties, enter additional information.**

### Years of Clinical/Surgery/Transplant Nurse/Procurement/Preservationist Experience

**Years of clinical/surgery/transplant nurse/procurement/preservationist experience (select one)**

\*

4-5 years

### Current Employer

**Current Title \***

test

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)



Please list your current employer in the employee section. If you have been with your employer for less than 12 months, provide your previous employment. The Employee Attestation form is located on our website under the examination tab. This form must be completed and signed by your supervisor within the last 90 days of submission.

---

### Current Employer

**Current Title \***

**Name of Employer \***

**Employer City**

**Employer State \***

**Start Date of Employment \***



**Supervisor`s Name \***

**Supervisor`s Work Email \***

**Supervisor`s Phone \***

**Upload attestation form found on the ABTC website completed by your current employer. The form must be signed within the last 90 days. \***



Drop files to attach, or [Browse](#)

Previous Employer \*If you have worked for your Current Employer less than 12 months, please




Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)

Confirm that the information entered is correct.

\*Please note that applications are reviewed once a week.



## Applicant Signature

 Incomplete  Dynamic form  09/08/2024

- I certify that I have read all portions of this application and believe that I comply with all admission policies for the Certification Examination for Clinical Transplant Coordinators, Certified Clinical Transplant Nurse, Certified Transplant Preservationist, Certification Examination for Procurement Transplant Coordinators and/or Transplant Financial Coordinators Association.
- The information I have submitted in this application is complete and correct to the best of my knowledge and belief.
- I understand that if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released, or invalidated by the ABTC.
- I also understand that the ABTC may request confirmation of my eligibility for this examination by contacting my employers listed in this application.
- I UNDERSTAND THAT I FORFEIT ALL EXAMINATION REGISTRATION FEES IF I DO NOT SCHEDULE MY EXAMINATION WITHIN 90 DAYS OF ELIGIBILITY.

**I agree to all of the above statements. \***

Please select 

[BACK](#)

[CONTINUE](#)

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)